DAKOTA COUNTY NORTHERN SERVICE CENTER
EMPLOYMENT AND ECONOMIC ASSISTANCE DEPARTMENT

FINANCIAL SUMMARY STATEMENT

CASE # _____ NAME _____

DIVERSIONARY OR EMERGENCY ASSISTANCE ASSESSMENT

1. What do you need now to work and stay off of assistance?

_____
_____
_____

2. Sources of current monthly Income: Amounts

_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

PLAN/ACTION STEPS:

3. List your current expenses.

Item	Payments
Rent or Mortgage Payment	_____
Utilities	
Gas/electricity/oil	_____
Water/sewer/garbage	_____
Telephone	_____
Food	_____
Personal care (haircuts, shampoo, diapers)	_____
Cleaning supplies/household items	_____
Clothing	_____
Car payment	_____
Car repairs	_____
Gas	_____
Insurance	_____
Public transportation	_____
Child Care (unsubsidized)	_____
Debts/Credit Cards/Loans	_____
Work/Educational Expenses (Uniforms, tools, books, supplies)	_____
Other Expenses	_____
Newspaper/magazines	_____
Entertainment/cable tv/cigarettes	_____
Home repairs	_____
Pets	_____
Other	_____
TOTAL EXPENSES PER MONTH NET AVAILABLE INCOME	